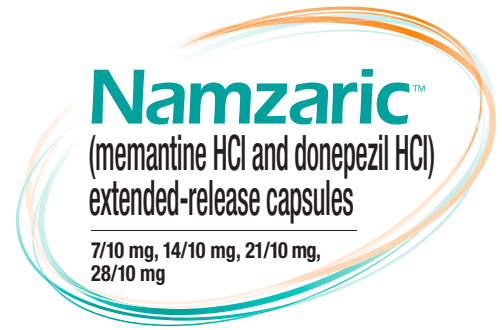


Sample Request Fax Form

To receive your complimentary samples of
NAMZARIC® (memantine HCl and donepezil HCl)
extended-release capsules
complete this form and fax it, along with a copy of your state license, to:

NAMZARIC® Sample Order Fulfillment
FAX #: 1.877.477.1258



Visit ALLERGANACCESS.com to view Allergan savings programs and brand support resources. No login required.

Your shipment of professional samples may only be sent to your office address.

Please Note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.

		MD	DO	NP	PA
Practitioner/Physician name		Professional designation (circle one)			
Phone number		Fax number			
Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)					
City		State		ZIP code	

Product request	Product description	NDC
(Please check one)		
<input type="checkbox"/> 3 PSK	NAMZARIC® (memantine HCl and donepezil HCl) extended-release capsules Patient Starter Kit (each Patient Starter Kit contains 28 capsules: 7x7 mg/10 mg, 7x14 mg/10 mg, 7x21 mg/10 mg, 7x28 mg/10 mg).	NDC 00456-1229-04 Manufacturer: Forest Laboratories Ireland Ltd

Resource request	Resource description	Code
(Please check one)		
<input type="checkbox"/> 1 package	NAMZARIC® Patient Trial Offers (each package contains 5 vouchers)	Code: NMZ72263A

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Allergan reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s).

Practitioner/Physician signature	Date
State license number	Expiration date



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